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PTO/SB/21 (02-04)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |   |                        |                   |
|--|---|------------------------|-------------------|
| Total Number of Pages in This Submission | 4 | Application Number     | 10/723,142        |
|  |   | Filing Date            | November 25, 2003 |
|  |   | First Named Inventor   | Richard B. ROTH   |
|  |   | Art Unit               | Not Yet Assigned  |
|  |   | Examiner Name          | Not Yet Assigned  |
|  |   | Attorney Docket Number | 524592006500      |

### ENCLOSURES (Check all that apply)

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance communication to Technology Center (TC)                         |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                      |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                          |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund   | Request for Withdrawal As Attorney or Agent and Change of Correspondence Address (1 page, plus 2 copies) |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Return Postcard  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              |   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |
| Remarks  |   |  |

**Customer No. 25225**

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | MORRISON & FOERSTER LLP<br>Kate H. Murashige – 29,959 |
| Signature               |   |
| Date                    | August 31, 2004                                       |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 31, 2004

Signature: (Matthew Russell)



PTO/SB/83 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| <b>REQUEST FOR WITHDRAWAL<br/>AS ATTORNEY OR AGENT<br/>AND CHANGE OF<br/>CORRESPONDENCE ADDRESS</b> | Application Number     | 10/723,142        |
|   | Filing Date            | November 25, 2003 |
|   | First Named Inventor   | Richard B. ROTH   |
|   | Art Unit               | Not Yet Assigned  |
|   | Examiner Name          | Not Yet Assigned  |
|   | Attorney Docket Number | 524592006500      |

Commissioner for Patents  
**To:** P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number 25225

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This withdrawal is being made at the request of the applicant.

#### CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
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OR

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Firm or Individual Name | Bruce D. Grant<br>Biotechnology Law Group |
|---|---|

|           |                     |       |                  |                |            |
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| Name      | Kate H. Murashige   |       |                  |                |            |
| Signature |                     |       | Registration No. | 29,959         |            |
| Date      | August 31, 2004     |       | Telephone No.    | (858) 720-5112 |            |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.